

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034325

STATE FILE NUMBER

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 2352

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED AUG 19 1963

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Cool Valley

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION 120 Signal Hill

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

c. CITY  
OR  
TOWN

Cool Valley

Inside Limits

Yes ☒ No ☐

d. STREET  
ADDRESS

#120 Signal Hill

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

EVELYN

Middle

LOUISE

Last

COLVIN

4. DATE  
OF  
DEATH

Month

July

Day

24th

Year

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/9/40

9. AGE (last birthday)

22

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Modesto, Illinois

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

Glenn Miller

13b. MOTHER'S MAIDEN NAME

Louise Taylor

14. NAME OF HUSBAND OR WIFE

Joseph Colvin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Joseph Colvin, 120 Signal Hill

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Electrocution

INTERVAL BETWEEN  
ONSET AND DEATH

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Electrocuted

20c. TIME OF  
INJURY Hour Month, Day, Year  
5:00 PM 7/24/63

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

bathroom of home

20f. CITY, TOWN, OR LOCATION

Cool Valley

COUNTY

St. Louis

STATE

Missouri

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated:

22a. SIGNATURE

(Degree or title)

Coroner

22b. ADDRESS

Clayton, Missouri

22c. DATE SIGNED

8/2/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

23b. DATE

7-25-63

23c. NAME OF CEMETERY OR CREMATORY

Waverly East Cemetery

23d. LOCATION (City, town, or county)

Waverly, Ill.

24. FUNERAL DIRECTOR

ADDRESS

Neece Funeral Homes

WAVERLY, ILL

25. DATE RECD. BY LOCAL REG.

7/25/63

26. REGISTRAR'S SIGNATURE

John C. Murphy Md

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

14000

24000

3

4 1

5 1

6

7 1

8 2

99140

10 22

11 400

12 90-3

13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.